

Guidance for Return to Work Among Health Care Workers During Contingency Staffing

Use this chart to help guide return to work decisions for health care worker¹ (HCW) when a facility must institute **contingency**² staffing measures. This guidance is to be used after [conventional capacity strategies](#) have been exhausted. This document is based on guidance from CDC's Strategies to [Mitigate Healthcare Personnel Shortages](#).

For HCW currently recommended for work exclusion under the conventional staffing guidance due to contact with a person positive for SARS-CoV-2

Does the HCW have any symptoms?

No

Allow HCW to return to work with antigen testing on day 1, 2, 3 and 5-7 after the last exposure to the positive.

- If testing must be prioritized, perform two tests on day 1-2 and day 5-7.⁸

Yes

This individual is recommended to be excluded from work and seek SARS-CoV-2 testing.³

For HCW currently recommended for isolation under the conventional staffing guidance⁴ due to testing positive for SARS-CoV-2

Did the HCW experience severe SARS-CoV-2 disease⁵?

Yes

This individual is not recommended to end isolation early according to contingency staffing guidance.

No

If HCW had mild to moderate symptoms⁶, do they meet ALL of the following criteria:

- At least 5 days have passed since symptoms first appeared
- HCW has been without fever for 24 hours without taking fever reducing medication
- Symptoms (i.e cough, shortness of breath) have improved

If HCW has remained without symptoms:

- Have 5 days passed since the first positive viral test was collected?

No

This individual is not recommended to end isolation early according to contingency staffing guidance.

Yes

1st choice

Perform two antigen tests spaced 24 hours apart within 48 hours of return to work. If negative, the HCW can return to work on day 6. If either antigen test is positive, they should continue to isolate⁷. This is the VDH preferred guidance.

2nd choice

Obtain one negative antigen test within 48 hours of return to work. If antigen negative, the HCW can return to work on day 6. If antigen positive, they should continue to isolate⁷.

3rd choice

CDC guidance does allow for return to work on day 6 without an antigen test. While this is an option, VDH is strongly recommends that the HCW test before returning to work.

Staff who are moderately to severely immune compromised⁹ are not recommended to end isolation early according to contingency staffing guidance.

Additional Notes:

1. For this guidance, [CDC's definition of healthcare personnel](#) (HCP) will be used to define health care workers (HCW). HCW include, any persons at the facility providing direct patient care or persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting. This may include students and trainees, contractual staff, and volunteer personnel. See link above for more detailed explanation and examples.
2. This guidance is for healthcare facilities that are expecting or experiencing staffing shortages due to COVID-19. Conventional strategies for return to the workplace for HCP with SARS-CoV-2 infection or higher-risk exposures are described in the [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC](#). CDC's mitigation strategies offer a continuum of options for addressing staffing shortages. Contingency, followed by crisis capacity strategies, augment conventional strategies and are meant to be considered and implemented sequentially (i.e., implementing contingency strategies before crisis strategies). Facilities should read through CDC's staffing shortage mitigation document to determine which tier they are functioning within.
3. If a HCW with symptoms antigen tests positive, it may not be necessary to follow-up with confirmatory PCR test. If the HCW with symptoms tests antigen negative, they should remain excluded from work until a follow-up PCR test is performed. [See CDC's guidance for interpretation of antigen test results](#).
4. Under conventional staffing measures HCWs who test positive for SARS-CoV-2 will complete a 10-day isolation period. They can return to work on day 11 if their symptoms have improved and they are without fever for 24hrs without the use of fever reducing medication. Alternatively, they can return to work after a 7-day isolation period with 2 negative antigen tests spaced 24 hours apart within 48hrs before returning to work. For HCWs who experience severe illness or have severe immune compromise, please [refer to CDC isolation guidance](#).
5. **Severe Illness:** Individuals who have respiratory frequency >30 breaths per minute, SpO2 <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300 mmHg, or lung infiltrates >50%. **Critical Illness:** Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.
6. **Mild Illness:** Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging. **Moderate Illness:** Individuals who have evidence of lower respiratory disease, by clinical assessment or imaging, and a saturation of oxygen (SpO2) ≥94% on room air at sea level.
7. HCWs attempting to test out of isolation who continue to test antigen positive should remain in isolation. They can continue to antigen test through day 9 to achieve 2 negative antigen tests spaced 24 hours apart. If the individual reaches day 10 and has met the other criteria for ending isolation, then they can end isolation based on the symptom and time-based strategy and return to work on day 11.
8. HCWs who are up-to-date with COVID vaccine and continue to work during an ongoing household exposure are recommended serial viral SARS-CoV-2 testing every 2-3 days during the exposure, and on days 2 and day 5-7 after last exposure. HCWs not up-to-date with COVID vaccine would be recommended for work exclusion and quarantine. If, due to staffing shortage these individuals must continue to work, they should be tested every 2-3 days during the exposure, and on 1, 2, 3 and 5-7 after the last exposure to the positive case during their infectious period.
9. For the purposes of this guidance, moderate to severely immunocompromising conditions include, but might not be limited to, those defined in the [Interim Clinical Considerations for Use of COVID-19 Vaccines](#). Ultimately, the degree of immunocompromise for the HCP is determined by the treating provider, and preventive actions are tailored to each individual and situation.